

**Labor Organization Officer  
and Employee Report**

**U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards**



This report is mandatory under P.L. 96-237, as amended. Failure to timely file may result in criminal prosecution, fines and shall be liable as provided by 29 U.S.C. 409,410.

Form approved - OMB No. 1215-0188  
Expires 11-30-2002

**1. Name and address of person filing**

Don Thornsburg  
1190 Durfee Avenue, Suite 200  
S. El Monte, CA 91733

**2. Name and address of labor organization**

Miscellaneous Warehousemen Drivers  
and Helpers Local 986  
1190 Durfee Ave., Suite 200  
S. El Monte, CA 91733

**3. Position in labor organization**  
**Organizer**

**4. Date fiscal year ended**  
12/31/00

**5. File number (if applicable)**  
U-1863

**6. Other appropriate data below N, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (check all that apply)**

**N** Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your labor organization represents or is actively dealing to represent.

**7. Nature of Employer**

Address of Employer

**8. Nature of interest, transaction or income**

**I** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively dealing to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**9. Name of business**

Address of Business

American Income Life Insurance Co. P. O. Box 2608, Waco, Texas 76797

**10. Business deals with**

**10. If U98 or PC is checked give trust or employer's name**

A. Labor Organization     B. Trust     C. Employer

N/A

**11. Nature and approximate dollar value of such dealings**

Premium paid for AD&D Policy by insurance company  
11/99 - 7/00 \$2.79

**12. Nature of interest held or income received**

Benefit of premium paid by insurance company; policy cancelled effective 7/31/00 by Local 986.

**13. Proceeds from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employee only payment of money or other thing of value**

**14. Name and address of employer**  **or consultant**

**15. Nature of payments**

**If MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS**

**16. Signature and verification—The undersigned declares under the applicable penalties of the law, that all of the information in this report, including the incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.**

*Don Thornsburg*

S. El Monte

City

CA

SW

8/7/00

State

Date

Form LM-30 (Rev. 7-28-88)

